Student Evaluation of Fieldwork Experience - Level I
Please return this evaluation to the MOT FW Coordinator upon completion!

Student Name

Facility/Site Name

Fieldwork Supervisor

Placement Dates

Type of Fieldwork

A. For each of the items below indicate whether the experience/information was provided and whether it was done satisfactorily.

<table>
<thead>
<tr>
<th>Provided</th>
<th>Satisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

B. Was adequate supervision provided?    Yes    No    If not, explain:
C. Did you feel that the level 1 fieldwork objectives provided by USM-MOT were appropriate given your level of knowledge? **Yes**  **No**  If not, explain:

D. Did you experience meaningful client experiences (person, organization, population, etc.) at the site?
   **Yes**  **No**  If not, explain:  **Yes**  **No**

E. What additional information would you have liked to have had prior to beginning this fieldwork experience? Please indicate whether you feel this is information which should have been provided by the University, facility or through independent study.

F. If problems arose during the affiliation, were they handled in a timely and effective manner?
   **Yes**  **No**  If not, explain:
G. Were adequate learning resources made available to you?  Yes  No

H. Were other students affiliating at the facility during your placement?  Yes  No

If yes, were they the same day and time as you?  Yes  No

What types of students were these?  OTA  OT  PT  Other

How did this affect your learning experience?

I. Would you recommend this facility/placement to other students?  Yes  No  If not, explain:

J. Additional Comments: